

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007501

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 181

Primary Registration District No. 5675

Registrar's No. 57

STATE FILE NUMBER

FILED FEB 28 1963

1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN: Hurricane Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE So. Dakota b. COUNTY Minnehaha

c. CITY

OR
TOWN: Sioux Falls

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 5608 West 32nd St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Richard Charles Johnson

4. DATE

Month

Day

Year

Feb. 22, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12-2-32

9. AGE (last birthday)

30

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brick Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Masonry

11. BIRTHPLACE (City and state or country)

Crooks, So. Dakota

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Harry F. Johnson

13b. MOTHER'S MAIDEN NAME

Helene Trobak

14. NAME OF HUSBAND OR WIFE

Carole McClaren Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

yes date unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Carole Johnson

Address

Sioux Falls, S. Dak.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Killed in crash of airplane - which was fully

investigated by the Federal Aviation Agency and

the C. A. B.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

RFD Elsberry, Missouri

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at 10:40 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

SHERIFF and acting CORONER

22b. ADDRESS

Troy, Mo.

22c. DATE SIGNED

2-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Feb. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Elsberry, Mo.

23d. LOCATION (City, town, or county)

to Sioux Falls, S. Dakota

(State)

24. FUNERAL DIRECTOR

Ricks Funeral Home

ADDRESS:

Elsberry, Mo.

25. DATE RECD. BY LOCAL REG:

2/27/63

26. REGISTRAR'S SIGNATURE

Ray T. Heasel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 1 1963

MAR 7 1963

MAR 13 1963

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

G. L. Smith

Licensed Embalmer No.

4012 ✓

P. O. Address

Elsherry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.